

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/	/				
2	/	/				
3						
4						
5						
6						
7						
8	/	/				
9	/	/				
10	/	/				
11	/	/				
12	/	/				
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50						
TOTAL IND.	/	/				
TOTAL DEP.	-	-	-	-	-	-
TOTAL CLAIMS	/	/	/	/	/	/

	IND	DEP	IND	DEP	IND	DEP
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